

COMIO Presentation

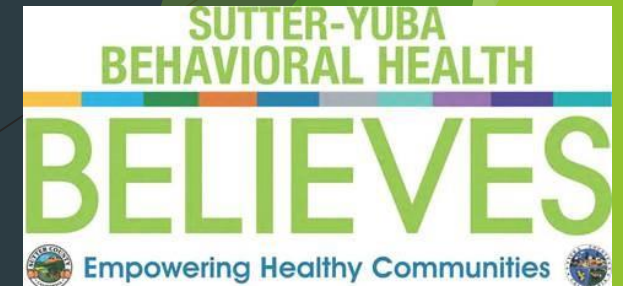
Sutter-Yuba Behavioral Health-MHSA Innovation Project:

Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders who are At-Risk of or Have Serious Mental Illness

(INN Probation Project)

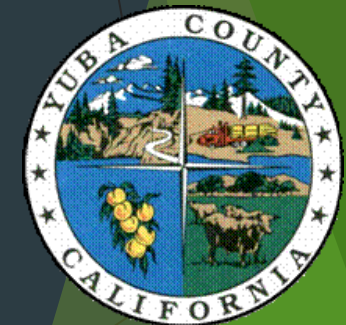
Presenters:

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MHSA Innovation

- ▶ Mental Health Services Oversight and Accountability Commission requires Innovation Projects to be novel, creative, and/or ingenious approaches that contribute to learning.
- ▶ Forensic planning group was created to begin collaborating with SYBH to create an “innovative” project that targets seriously mentally ill offenders.
- ▶ Interagency collaboration essential at all stages, beginning with idea formulation.
- ▶ The use of our bi-county structure as a service learning mechanism serves as the innovative nature of this project.
 - ▶ SYBH is a division of Sutter County, but through a Joint Powers Agreement (dating back to 1969), the agency provides both mental health services and substance use disorder services to both Sutter County and Yuba County residents.



Pre Innovations

- ▶ Prior to the Innovations Project, no therapeutic services were provided at either Yuba or Sutter County Probation Departments.
- ▶ Services were referred out to county mental health or primary care clinics.
- ▶ Services in the jail were minimal; consisting of a crisis counselor and a part time psychiatrist.
- ▶ Substance Abuse Services were provided at both probation departments, but without the connection to therapeutic services.



INN Project Description



- ▶ SYBH has 3 projects funded by MHSA Innovation:
 - ▶ 1- Inn Probation Project, 2- Hmong Spiritual Healing, 3- Post-TAY Extended Wellness
- ▶ INN Project Purpose:
 - ▶ Target Population: AB 109 offenders, other supervised offenders with serious mental illness.
 - ▶ Dedicate 1 FTE mental health therapist to each Sutter County Probation and Yuba County Probation. Each county to use the therapist to provide similar mental health approaches, but at different therapeutic engagement settings:
 - ▶ Yuba County client engagement: Post-release and community-based
 - ▶ Sutter County client engagement: Pre-release and institution-based
 - ▶ Learning Goal: Compare the effectiveness of the pre-release therapeutic engagement with the post-release therapeutic engagement to determine which setting provides for higher instances of improved outcomes, related to recidivism and recovery.

Evaluation Plan

- ▶ Three-year project timeframe (February 2015 to February 2018).
- ▶ A data collection schedule is assigned to each outcome tool. Annually, a report is prepared and shared with the INN Team (SYBH and Probation Partners).
- ▶ INN Team Goal was to implement a simple comparative data analysis that shows client progression in recovery, engagement, and service intensity domains, as compared to their baseline collected prior to the start of services.
 - ▶ INN Team meets every 6 months to discuss progress and barriers faced by team.
 - ▶ At conclusion of project, the INN Team will explore statistical significance testing for a more detailed analysis.
- ▶ At the end of Project Year 3, the INN Team will review all of the findings and will determine which therapeutic engagement is most effective.

Project Outcome Tools

- ▶ Prior to project implementation, the INN Team agreed recovery, medical necessity, recidivism and collaboration were areas that needed monitored.
 - ▶ Agreed upon tool elements: quick assessment, minimal training, easy to analyze, and recovery-oriented.
- ▶ Tool 1: Level of Care Utilization System (LOCUS)- a case planning tool that provides for a short assessment for a client's level of care needs. (Medical Necessity, Recovery).
- ▶ Tool 2: Milestones of Recovery Scale (MORS)- a recovery-based outcome tool that helps to track the individual process of recovery (Recovery)
- ▶ Tool 3: University of Rhode Island Change Assessment (URICA)- a self-report tool that helps to assess readiness to change at entrance to treatment (Recovery).
- ▶ Tool 4: Noble- : an evidence-based risk and needs assessment and supervision planning system for adult offenders (Medical Necessity, Recidivism, Recovery).
- ▶ Tool 5: Program to Analyze, Record, and Track Networks to Enhance Relationships (PARTNER)- a social network analysis tool (Collaboration).

Clinical Implementation Process



- ▶ The implementation process focuses on engagement with this specific population at various intervals (Pre & Post incarceration).
- ▶ Clinical tools focused on three major areas: Engagement in treatment, Recovery, & Level of service need.
- ▶ The content of therapy was left to the individual therapist(s) to meet the specific needs of the clients. Both therapists are most comfortable utilizing CBT, DBT, and Motivational Interviewing.
- ▶ The clinicians provide more than therapy. They meet the needs of their population by offering case management & rehabilitation services, group therapy (Seeking Safety/MRT), resource linking, and are constantly collaborating with probation services.
- ▶ Clinicians were formally trained in Morale Reconciliation Therapy (MRT), Motivational Interviewing, Milestones of Recovery Scale (MORS), and Seeking Safety. Other trainings included Gang Recognition, Drugs & Paraphernalia Recognition, LOCUS, URICA, and Malingering.

Implementation in each County

Yuba County Innovations

- ▶ Referral and contact is made once the individual is out of custody
- ▶ Therapist is centrally located at probation but can continue to engage with their client if they are flashed or incarcerated for any other reason
- ▶ There is no specific probation officer to handle the behavioral health case load, any officer is allowed to provide a referral

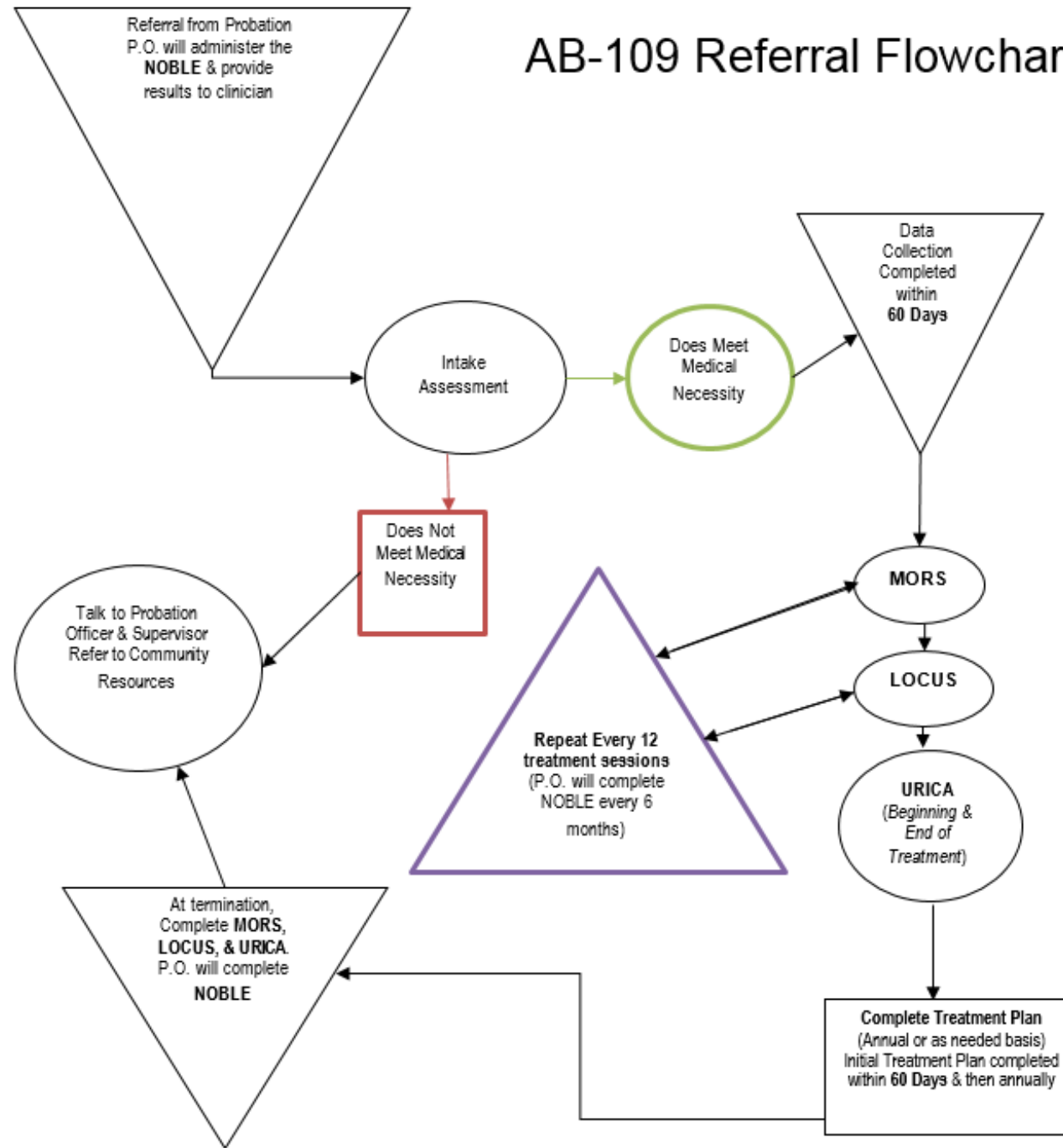
Sutter County Innovations

- ▶ Referral and contact is made while individual remains in custody
- ▶ Therapist can continue treatment outside of custody and has an office in both the jail and probation
- ▶ There is a specific officer that handles the behavioral health case load but all officers are allowed to provide referrals

The Process

- ▶ Probation will make contact with the client first and determine if the client is in need of a referral to the clinician. The probation officer will complete the initial NOBLE assessment & provide that information to therapist. The referral will only be made if the NOBLE indicates that Mental Health issues are one of the top 5 risk factors.
- ▶ The clinician will meet with the client and complete an intake assessment & the LOCUS. If the client determines that the patient does NOT meet medical necessity, contact will be made with the supervisor and probation officer to determine what community resources will be appropriate for referral.
- ▶ When a client DOES meet medical necessity, the clinician will begin the treatment planning and data collection process. Within the first 60 days of treatment, the LOCUS, MORS, URICA need to be completed. Initial treatment Plan will also be completed within 60 days and then annually.
- ▶ Every 12 treatment sessions, the LOCUS & MORS will need to be completed by the clinician. Probation Officer will complete the NOBLE every 6 months and provide results to clinician.
- ▶ At termination of treatment, all data collection tools need to be utilized again (LOCUS, MORS, URICA). A discussion will be made with the client's treatment team to discuss termination of treatment and appropriate step down in referral to community resources.

AB-109 Referral Flowchart



Demographics/Admissions/Discharges



- ▶ 46 pre-release clients (Sutter) initiated services/ 44 post-release clients initiated services (Yuba).
- ▶ Similar demographics for both counties.
- ▶ 24% of pre-release client caseload discharged in first project year. (Sutter)
- ▶ 23% of post-release client caseload discharged in first project year (Yuba).
- ▶ 10 negative discharges for pre-release (Sutter) due to engagement/ 8 negative discharges due to engagement for post-release (Yuba).
- ▶ 1 pre-release (Sutter) client successfully completed probation/program and chose to continue therapeutic services.
- ▶ 2 post-release (Yuba) clients successfully completed probation/program and chose to discontinue therapeutic services.

Early Findings- Intake and Engagement

- ▶ To be included in the intake data analysis, clients must have logged baseline scores in LOCUS, MORS, and URICA within 60 days of treatment.
- ▶ When learning about the intensity of services required from the clients within the two different settings, the aggregated intake data from both counties for the LOCUS suggests that:
 - ▶ At pre-release engagement (Sutter), clients are in need for a much higher level of care (level 4) in comparison to the lower level of care (level 2) needed by post-release (Yuba).
- ▶ When looking at engagement and recovery stages using the average intake MORS scores:
 - ▶ Client engagement level is higher at the onset of services for pre-release (Sutter), but these pre-release individuals are considered more high risk at engagement. At post-release (Yuba), the individual is not as high risk, but they are having difficulty with engagement at this setting.
- ▶ At the point of engagement in each setting, clients similarly show that based on the URICA intake, clients are primarily in a contemplative mindset and are open to treatment.

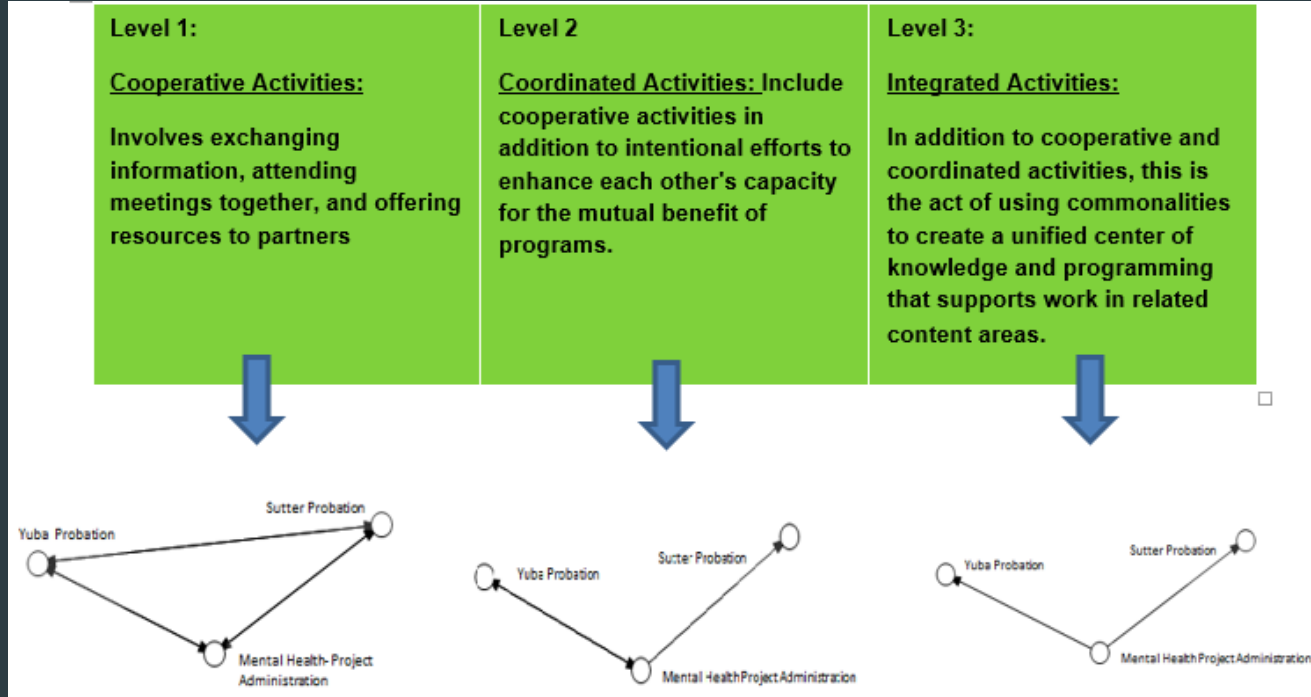


Early Findings- Client Progression

- ▶ The sample size for individuals who logged at least one baseline and one reassessment score for each of the tools is small (n=less than 15)
- ▶ Potential trends include:
 - ▶ For pre-release (Sutter) clients:
 - ▶ At the program level there was on average a 2.4 score growth in recovery milestones after 12 treatment sessions.
 - ▶ At the individual level, 100% of post-release clients (n=5) who remained in the program for at least 12 treatment session showed some increases in the recovery.
 - ▶ For post-release (Yuba) clients:
 - ▶ At the program level, there was on average at the program level there were -1 regression in recovery milestones after 12 treatment sessions.
 - ▶ At the individual level, 22% of post-release clients (n=9) who remained in the program for at least 12 treatment session showed some increases in the recovery.
- ▶ Both settings showed decreases in service intensity for clients who remained in the program for at least 12 treatment sessions.

Early Findings- Interagency Collaboration

- ▶ The PARTNER Survey is administered on an annual basis. The first administration of the survey occurred in March 2015. The second administration is partially complete and will be compared to baseline PARTNER survey in the Year 2 Report. 1st Administration Results:
 - ▶ 94% Trust Score between project partners
 - ▶ Collaboration Activities:



Q&A

You have

Questions

We have

Answers